Missouri First steps
EARLY INTERVENTION

Orientation to First Steps: History, Regulations, Philosophy, and Process

Participant Packet

DESE 3744-50 Rev 11/03

Revised November 2003

The Missouri Department of Elementary and Secondary Education and the Center for Innovations in Education wish to thank the state personnel for the Part C systems in the following states for sharing their comprehensive system of personnel development materials with us: Indiana, Illinois, Kentucky, Oklahoma, and Washington.

The development of this material was supported entirely by federal funds appropriated in accordance with the IDEA.

Center for Innovations in Education

Department of Elementary and Secondary Education

Orientation to First Steps: History, Regulations, Philosophy, and Process

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Participant Packet (Content and Organization)

The participant packet is designed to help participants follow the flow of the presentation and enhance their learning.

First Steps Training and Missouri's Early Intervention Credential

Federal regulations governing Part C of the Individuals with Disabilities Education Act (IDEA) require that early intervention services be provided by qualified personnel. Entry level requirements are based on the highest requirements in the state applicable to the profession or discipline in which a person is providing early intervention services. Missouri's personnel requirements are outlined in the Missouri State Regulations for Part C.

In addition, Part C of IDEA Section 303.360 requires that each state's Part C system include a comprehensive system of personnel development (CSPD). A CSPD is designed to ensure qualified personnel provide comprehensive, accessible, family-centered services that support young children and families in their daily routines. Among other things, this CSPD system must:

- Provide for preservice and in-service training to be conducted on an interdisciplinary basis, to the extent appropriate
- Provide for the training of a variety of personnel needed to meet the requirements of Part C
- Ensure the training provided relates specifically to understanding the basic components of early intervention services available in the state, meeting the interrelated social or emotional health, developmental, and educational needs of eligible children under Part C, and assisting families in enhancing the development of their children and in participating fully in the development and implementation of an Individualized Family Service Plan (IFSP)

Missouri's CSPD model is the implementation of core training and an early intervention credential. A series of four core trainings are offered as part of the CSPD:

- Orientation to First Steps: History, Regulations, Philosophy, and Process (Module 1)
- Evaluation and Assessment (Module 2)
- IFSP Outcomes in Natural Environments (Module 3)
- Transition (Module 4)

Please refer to the personnel guidelines on the DESE web site for credentialing requirements. It is expected this series of trainings will give participants a strong background in Missouri's First Steps early intervention system.

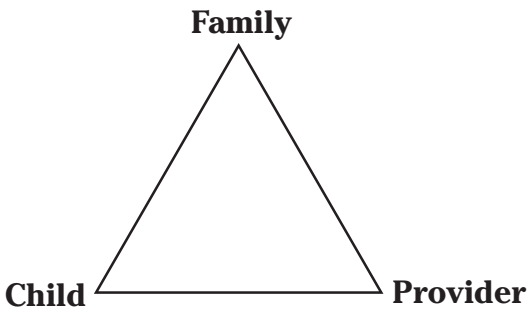
Individuals who participate in these core trainings will receive credit toward the credential through participation and successful completion of each training.

Introduction

Module 1 Competencies

- Demonstrate knowledge of historical roots and family-centered (family-directed) philosophy which includes service delivery in the natural environment.
- Demonstrate knowledge of relevant state and federal laws and regulations and state policies, rules, and procedures that provide a foundation for the provision of family-centered practices that are embedded within the family's daily routines.
- Demonstrate knowledge of the IFSP process that reflects the intent of the law in regard to natural environment, daily routine, and inclusive practices.
- Demonstrate knowledge of the organizational structures that collaborate and support the First Steps system (e.g., lead agency, state interagency coordinating council, etc.).
- Demonstrate knowledge of current trends and issues, and ability to apply recommended research-based, effective practices in early intervention.
- Demonstrate knowledge of strategies to establish and maintain collaborative partnerships with families.
- Demonstrate knowledge of methods to consult with others and collaborate as a team member to implement family-centered, early intervention services and supports.
- Demonstrate knowledge of methods to participate as a team member with families and other professionals in planning and conducting family-centered evaluation and assessment activities that identify the child's functional abilities in the family's daily routines.
- With the family and other team members, demonstrate knowledge of procedures to implement and monitor an Individualized Family Service Plan (IFSP) that incorporates child and family outcomes within natural environments and daily routines.
- Demonstrate knowledge of policies and procedures that support children and families as they transition into, within, and from the First Steps system.

Triadic Model of Family-Centered Intervention



First Steps Belief Statements

Belief #1 Families as Decision Makers
Families are the primary decision-makers for their children and, with education, make informed decisions.

Belief #2 Family Support
Families define themselves and identify their own support networks. These networks are valued, accepted, and incorporated into the IFSP process.

Belief #3 Family Diversity
Diversity is valued and early intervention services are responsive to those differences.

Belief #4 Culturally Competent Services
Early intervention services must reflect a respect for the cultural diversity of the families served.

Belief #5 Natural Environments
Early intervention services should be provided in locations where families live, learn, and play.

Belief #6 IFSP Planning
IFSP services are individualized, are based on the needs of the family, and are planned and provided in a timely manner.

Belief #7 Competency in Providers
Service providers must promote family growth, recognizing that each family's life extends beyond early intervention.

Belief #8 Earlier Identification
Early identification and referral are critical for optimal development.

Federal Regulations

Sec. 303.12 Early intervention services.

(b) Natural environments. To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.

It's Only Natural…

to Have Early Intervention in the Environments Where It's Needed

R. A. McWilliam
University of North Carolina at Chapel Hill
2000

Note: From "It's Only Natural… to Have Early Intervention in the Environments Where it's Needed," by Robin McWilliam, 2000, *Young Exceptional Children, Monograph Series No. 2,* pp. 17-26. Adapted with permission.

What Are Natural Environments?

The federal law governing early intervention services was reauthorized by Congress in 1997, with a new twist. Early intervention services are now to be provided in settings where children would be if they were not in early intervention. Simply, this means services should be provided in the home and the community, including child care settings. The purpose of the law is to discourage settings that separate children with disabilities and their families from places and activities that they use if the children did not have disabilities.

Why Are Early Intervention Programs Paying Attention to Them?

Early intervention programs are paying attention to natural environments, not only because they're in the law, but because research points out the benefits of doing things "naturalistically." For example, studies have shown that a focus on informal support rather than "parent training" produces successful results in children and families, working with children in their classroom settings (like day care) is better than pulling them out into a therapy or instruction room, and following children's cues is more effective than is the use of structured drill work. Even though the early intervention field is moving rapidly towards natural environments, many professionals are struggling with the change. They have been used to working with children in self-contained settings, or having families come in for their therapy or instruction sessions, or believing that their hands-on work with children is what makes children improve. The good news is that many states have been using natural environments for a long time: This is not some radical new idea forced upon us by the bureaucrats in Washington. In fact, the bureaucrats adopted the policy because the field told them it was the right way to go.

How Will Services Change?

Many families might be concerned about any changes in their services. Throughout the US, the use of natural environments results in certain predictable changes; although, each state makes its own decisions about how to interpret the law. If programs follow the intent of the law, the following list shows 10 changes they should probably make.

New Ways of Providing Services	Old Ways of Providing Services
1. At intake, professionals will seek to understand the family's "ecology" (who's involved and what are the relationships like).	At intake, professionals focused on medical information and providing information about the program.
2. IFSP* meetings will focus on routines.	IFSP meetings focused on test results.
3. IFSP outcomes will be developed from needs occurring in the family's routines.	IFSP outcomes were developed from failures on tests used for determining current level of functioning.
4. Services will be decided after outcomes (goals) are decided.	Services were decided after evaluations but before outcomes are decided.
5. The IFSP team will decide on what services and intensity are needed.	Evaluators and referral sources recommended services and intensity.
6. Early intervention professionals will work primarily with regular caregivers (parents and child care teachers).	Early intervention professionals worked primarily with children.
7. Families will get at least one home visit a week from one primary service provider.	Families received visits from different professionals during the week.
8. Professionals will understand that daily interactions with the child during regular routines are important for child progress.	Professionals believed their sessions with the child were important for child progress.
9. Professionals will coordinate their services through consultation with each other and joint visits.	Professionals did their own thing and did not learn from each other.
10. Professionals will provide emotional, informational, and material support.	Professionals only provided instructional support directly to the child.

*Individualized family service plan

What Can Families Do?

The responsibility for making sure early intervention occurs in natural environments belongs to the professional, but there are six things families can do to make sure their early intervention experience is as effective as possible.

1. Examine Their Routines

Functional intervention and the planning that precedes it is based on a family's everyday activities. It also includes those activities that don't happen every day but that are important rituals for families, (e.g., going to church, visiting grandma, or going to the grocery store). Families can

ask themselves whether each of these routines is satisfactory. If not, they can examine what the family does and then what the child with disabilities does. About the child, they can ask themselves, "How much does he or she participate in the routine?" "How independent is he or she?" "How does he or she get along with other people at this time of day?" Ultimately, the question they should ask is, "Is this routine working for my family? If not, what might make it easier or less stressful?"

2. Do the Math

Families are often tempted to get any service available and to ask for as much of it as possible. It's important to remember that the amount of a service is not what's important because *all the child's learning occurs* ***between*** *sessions.* The sessions themselves are only useful for getting information to regular caregivers like family members and child care providers. How many sessions a week does it take to give a caregiver suggestions for eating, dressing, playing with toys, sitting independently, or whatever the outcomes for the child are? Unfortunately, some families have been misled into believing that the hands-on time with a specialist (therapist or teacher) is what makes the child progress. It's not. It's the work the family and other people who work with the child do that makes for progress. When parents think the hands-on sessions are effective, however, they of course want as much time as possible. They therefore want 60 minutes of therapy a week rather than 30 minutes.

Wait a minute! Remember, the learning occurs between visits. Let's say a therapist is working on independent sitting, holding toys in each hand, and making eye contact with a parent (presumably because the parent wanted the child to be able to play with him or her). Two sessions of therapy might come to 60 minutes. Now let's assume that the caregivers can work on sitting, toy holding, and eye contact during the day. Realistically, they can probably work on these three skills a total of about 10 minutes an hour on average—some hours more, some hours less. Now let's assume the child is awake from 8 until 11 (3 hours), 1 until 4 (3 hours), and 6 until 10 (4 hours). At 10 minutes of "intervention" an hour, the child is getting a total of 100 minutes. Compare this to 60 minutes of therapy. Again, consider how often caregivers need specialists to help them implement interventions during natural routines. *The most important lesson for families to remember is that all the learning occurs between sessions.*

3. Make Sure They Get Emotional Support

It's not easy being a parent, especially a parent in early intervention. Parents often get emotional support from their own family, but they also want support from people who are knowledgeable about child development, disabilities, and services. When families find a family member, friend, or professional who makes them feel competent, confident, and safe, they treasure that relationship.

4. Make Sure They Get Information

Most families want as much information as they can get about their child's disability, services, and what they can do to help their child. It's important to remember that *not every need requires a service.* Just because the child is delayed in talking, for example, it doesn't mean he or she needs speech therapy. It's possible that the regular home visitor (who might be a "teacher") and the parents can figure out how to help the child with talking. Certainly, *parents should be very wary about having to take their child to therapy or instruction sessions at a clinic, office, or hospital.* Almost everything that needs to be done with a

young child and family can be done in the family's natural environments—and clinics, offices, and hospitals are not natural!

Because the home visit is one of the most critical parts of natural environments, families will need to understand that their role in home visits is to get information. They therefore need to be talking to the home visitor throughout the visit, and so they need to stay in the room! (See Professionals Will Focus on Support During Home Visits below.)

5. Make Sure They Get Material Support

It is very hard for a family to do the things they want to do for their child if their basic needs are not being met. If families are suffering from inadequate housing, clothing, food, and so on, they need to ask their service coordinator for help. Service coordinators in early intervention are supposed to be able to direct families to the community resources that can help with these basic needs.

6. Develop a Relationship with One Primary Service Provider

An important reason not to have too many professionals to deal with is that the greatest strength in early intervention is the relationship between families and their primary service provider. Nurturing a relationship takes energy; while the responsibility in early intervention for doing this belongs to the professional, if families have to divide their time and emotional energy among too many professionals, it makes it harder to develop one strong bond.

What Should Families Expect From Professionals?

Families can do a lot to take advantage of early intervention occurring in natural environments. But, ultimately, professionals are responsible for making it work. Parents already have a lot to do with their primary responsibility of caring for their child and the rest of the family. Families can therefore have the following six expectations about what professionals will do.

1. Professionals Will Work in the Home and Community

Research and the law encourage services to occur where children and their families would spend time if the child did not have a disability.

2. Professionals Will Find Out about the Family's "Ecology"

To take advantage of a family's "natural resources," professionals will want to know about the immediate family, extended family, friends, services, and community resources the family currently uses.

3. Professionals Will Find Out about the Family's Routines

To help develop a functional IFSP, professionals will want to know about the family's day-to-day life. They will have conversations with families about what the family does in each of their routines.

4. Professionals Will Support Families to Make Decisions about Services

Even though it might seem scary for families at first, they can make the major decisions about what to work on and how that will happen. But they are not alone; a team of professionals is in place to help. Professionals will help families make decisions about the outcomes on the IFSP and the resources needed to meet those outcomes.

5. Professionals Will Explain How Sometimes Less Is More

Unfortunately, society (including professionals in early intervention) often dupes parents into thinking that more is better. Families are led to believe that (a) every need requires a service and (b) the more sessions or time you get of that service the more effective it will be. We have already explained that needs don't necessarily require formal services. It is true that children need a lot of stimulation and, more important, feedback ("reinforcement") that teaches them. But, this does not come from instructional or therapy sessions. This comes from daily interactions with caregivers. The questions about services are, therefore,

- What service do I really need to help me or other people looking after my child accomplish the goals we decided upon?
- If I need a service for this right now, how often do I need this consultation?

Most families understand that it's best not to use up valuable resources, like therapists' time, when it's not actually needed. This time is now available to families who do actually need it.

6. Professionals Will Focus on Support During Home Visits

Home visits used to look like home-school or play therapy sessions. No more. The child does not learn from home visits—the family does. Their purpose is to ensure that the family has all the support they need to meet their priorities the rest of the week. Home visitors will encourage family members, listen to them, make sure their basic needs are met, and provide them with information. One way to provide information might be to show them things to do with the child. But such a demonstration or "model" is only one of many ways of supporting families. Most of it is done through talking.

I have described natural environments and explained why early intervention programs are paying attention to them. This will involve some change in the way some programs have done business, and change is difficult. But it's an exciting direction: it makes sense to families, it is backed up by good research, and it should result in better outcomes for children and families. Many states are doing the things described here. Families and professionals can begin this journey hand in hand. They have to.

Resources

McWilliam, R. A. (1992). *Family-centered intervention planning: A routines-based approach*. Tucson, AZ: Communication Skill Builders, Inc.

McWilliam, R. A. (1995). Integration of therapy and consultative special education: A continuum in early intervention. *Infants and Young Children, 7*(4), 29-38.

McWilliam, R. A. (Ed.) (1996). *Rethinking pull-out services in early intervention: A professional resource*. Baltimore, MD: Paul H. Brookes.

McWilliam, R. A., & Bailey, D. B., Jr. (1994). Predictors of service-delivery models in center-based early intervention. *Exceptional Children,* 61, 56-71.

McWilliam, R. A., Ferguson, A., Harbin, G. L., Porter, P., Munn, D., & Vandiviere, P. (in press). The family-centeredness of individualized family service plans. *Topics in Early Childhood Special Education,* 18, 69-82 .

McWilliam, R. A., Tocci, L., & Harbin, G. L. (1998). Family-centered services: Service providers' discourse and behavior. *Topics in Early Childhood Special Education,* 18, 206-221.

The Foundation of First Steps

I.D.E.A. Federal Law

Sec. 631. Part C: Findings

(a) **FINDINGS**—The Congress finds that there is an urgent and substantial need:

(1) To **enhance the development** of infants and toddlers with disabilities and to **minimize their potential for developmental delay**;

(2) To **reduce the educational costs to our society**, including our Nation's schools, by **minimizing the need for special education** and related services after infants and toddlers with disabilities reach school age;

(3) To **minimize the likelihood of institutionalization** of individuals with disabilities and **maximize the potential for their independently living** in society;

(4) To **enhance the capacity of families** to meet the special needs of their infants and toddlers with disabilities; and

(5) To **enhance the capacity** of State and local agencies and service providers to **identify, evaluate, and meet the needs of historically underrepresented populations**, particularly minority, low-income, inner-city, and rural populations.

Sec. 630. Part C: Policy

(b) **POLICY**— It is therefore the policy of the United States to provide financial assistance to States:

(1) To **develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system** that provides early intervention services for infants and toddlers with disabilities and their families;

(2) To **facilitate the coordination of payment for early intervention services** from Federal, State, local, and private sources (including public and private insurance coverage);

(3) To **enhance their capacity to provide quality early intervention services** and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families; and

(4) To **encourage States to expand opportunities** for children under 3 years of age who would be at risk of having substantial developmental delay if they did not receive early intervention services.

Part C Highlights

I. Legislative Overview

- The federal legislation, which supports Missouri's First Steps System, is Part C of the Individuals with Disabilities Education Act (IDEA).
- The statutory basis for IDEA dates back to 1965. Additional legislation in the 1960s and 1970s established the right of children with disabilities to receive appropriate education.
- In 1975, PL 94-142, The Education of All Handicapped Children Act:
  - Mandated a free and appropriate public education (FAPE) for all children with disabilities
  - Established individualized education programs (IEPs)
  - Established due process rights
  - Established least restrictive environment (LRE)
- Children under the age of 5 were not included in special education legislation until PL 94-142 was amended in 1986 with PL 99-457. With PL 94-142:
  - The entitlement to a free and appropriate public education was extended to children ages 3-5.
  - States were invited to participate in the development of a coordinated system of services for infants and toddlers with disabilities.
- In 1997, the law was reauthorized and amended (PL 105-17) with Part H renamed as Part C.
- States were to use existing or current systems of services for infants and toddlers and to build statewide, comprehensive, coordinated systems of care.

II. Federal Requirements/State Options

- Congress did not intend for new delivery systems to be established with Part C funds.
- Existing systems were to be used as Part C was interwoven into the existing framework and structures within each state. These components include:
  - A definition of the population to be served
  - Access to services
  - The location and identification of all eligible infants and toddlers
  - Implementation of an IFSP
  - Quality early intervention services
  - Financial responsibility and accountability
  - Procedural safeguards and complaint resolution
  - Comprehensive data collection, reporting, and utilization
  - Establishment of a lead agency

III. Financing

- Part C provides the opportunity for states to serve families through a variety of community resources and supports.
- This model was developed during a time in special education history when deinstitutionalism was a social priority.
- Congress did not intend for the implementation of Part C to withdraw or reduce funding for current services.
- Part C was the first federal statute and legislation that required the continued use of existing resources and that specifically listed those resources that would be essentially payors of "first" resort.
- A funding hierarchy is inherent within the Part C system that begins with family resources, including existing third party health coverage, as well as the potential for fees.

IV. Part C: Not a Traditional Entitlement

- An "entitlement" program means that those eligible are guaranteed to receive a certain array of needed service.
- Part B is a traditional entitlement. Children with disabilities are guaranteed, under the constitution, a free and appropriate education in the least restrictive environment.
- Part C focuses on establishing a coordinated, comprehensive, and community-based system of care that is intended to incorporate the developmental, health, and medical needs of eligible infants and toddlers within the scope of family-centeredness.
- The use of the term "entitlement" for Part C is different because:
  - Families and their children are entitled to receive services according to the specific system that each state has defined to meet these requirements. There is no uniformity among states, and services may vary within the state.
  - At any point in time, a state may decide not to participate, revoking the "entitlement" to families and children within that state.
- Many states assumed the existing service delivery system was adequate to meet the demands of Part C.
- States are still struggling to implement several fundamental components of Part C. Problems persist in:
  - Meeting the needs of under represented groups
    1) Challenges to states and service providers regarding values, priorities, and family-centered practices
    2) Lack of minority service providers
    3) Lack of comfort and training for providers
    4) Lack of willingness of most states to include children at risk of developing delays

- Family-centered services

  1) Service delivery systems continue to focus primarily on therapeutic-centered services based on the identified needs of the child.

  2) Service delivery options have not changed to the extent necessary to meet the varied needs of families.

- Natural environments

  1) Natural environments mean settings that are natural or normal for the child's age peers who have no disabilities.

  2) Wrapping services around the activities of the family promotes the generalization of skills for the child and establishes a continuum of support after the child leaves the early intervention system.

- Transition

  1) Transition planning is a required component of each IFSP review or evaluation activity and is conducted to ensure that services continue to be provided without unnecessary disruption.

  2) When they turn 3, children do not automatically meet the Part B special education criteria under the IDEA. But these families may still need referral and assistance with education and support services. Head Start, childcare, preschool, and other community-based services may meet the needs of some children.

  3) Transition planning involves a variety of steps and activities designed to identify necessary services and resources and to initiate appropriate activities with the family members. If performed thoughtfully, these activities can help to avoid a disruption in services, to facilitate smooth transitions to other systems, and to ensure the success of the new setting or services for the individual child and family.

- Service coordination

  1) Service coordination means assistance and services provided by a service coordinator to an eligible child and the child's family.

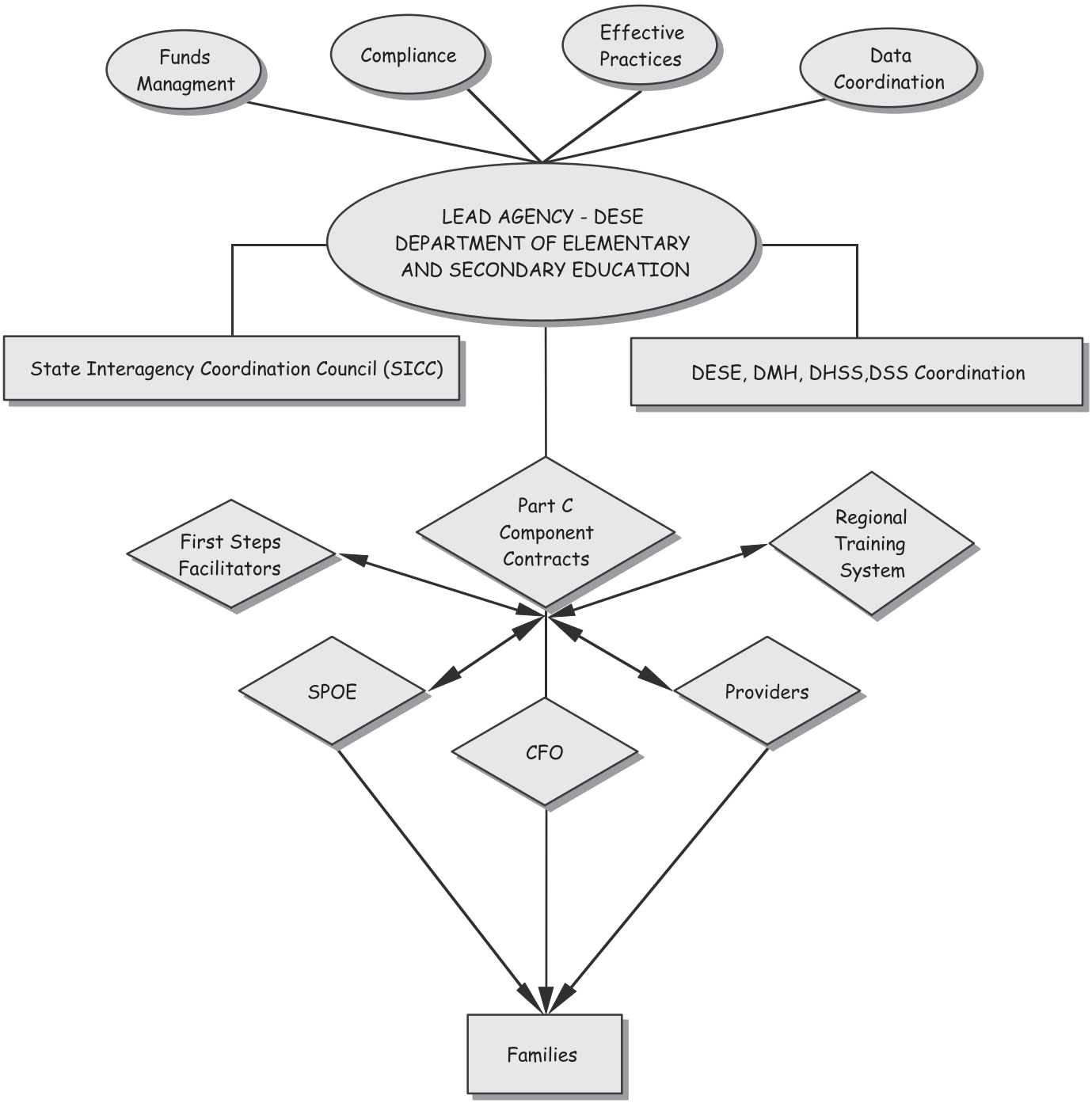
  2) Service coordination must be provided by a person who has met state approved/recognized certification, licensing, registration, or other comparable requirements.

  3) Service coordination assists and enables an eligible child and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the state's early intervention program.

Reference

Mackey, A. S., Greer, M., & Perry, D. (1999). *Part C or IDEA: A unique federal-state partnership.* Dover-Foxcroft, ME: Solutions.

Missouri First Steps Organizational Chart



Procedural Safeguards

Procedural safeguards protecting the rights of families are guaranteed by law. It is the lead agency's responsibility to ensure that families are adequately informed of their rights and that procedural safeguards are implemented throughout the early intervention process. When the federal legislation was passed and the corresponding regulations written, it was, according to IDEA 34 C.F.R. § 303.420, with the intent that the procedures developed by the State result in speedy resolution of complaints because an infant's development is rapid and, therefore, undue delay could be potentially harmful (Children with disabilities and infants and toddlers with disabilities early intervention programs, 1999).

The notice provided to families should be in the language and method of communication most understandable to the family. Verbal notice should be provided naturally in the flow of conversation and in the context of emphasizing parental opportunities, responsibilities, freedom, and choice.

It is good practice for families to be informed of their rights at multiple points in their involvement with the Part C system. Repetition is necessary because the information is complex. Families may need to hear and discuss their rights several times to fully understand them. It is helpful for families to receive information about their procedural safeguards when:

1. They have initial contact with the early intervention system
2. The initial evaluation and assessment is proposed or refused
3. The eligibility determination is made
4. The IFSP is being developed or reviewed
5. A change in services or placement is proposed or refused

Parental consent is "informed" when:

- The parent has been fully informed of all information relevant to the activity for which consent is sought and in the parent's native language or other mode of communication that the parent can best understand.
- The parent understands and agrees, in writing, to the carrying out of the activity for which the parental consent is sought, and the consent describes that activity and lists records (if any), including physical documents and recorded information, what will be released, and to whom.
- The parent understands that the granting of consent is voluntary and may be revoked at any time.

Parents should be informed of the following rights:

- The right to a timely, multidisciplinary assessment
- The right, if eligible, to appropriate early intervention services for the child and family
- The right to refuse evaluations, assessments, and services
- The right to notice before a change is made or refused in the identification, evaluation, or placement of the child or in the provision of services to the child or family
- The right to confidentiality of personally-identifiable information
- The right to review and correct early intervention records

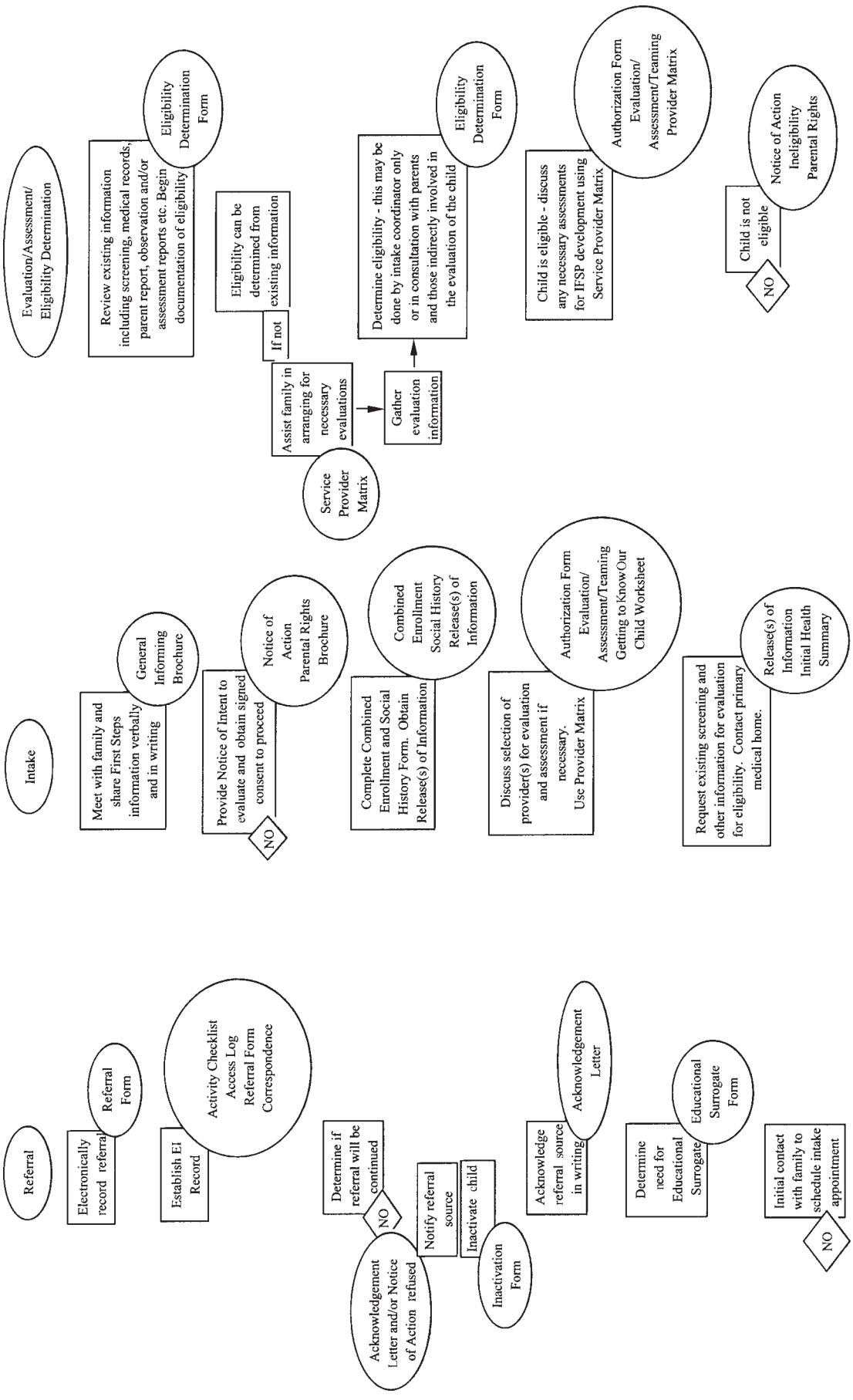
- The right to utilize an advocate or lawyer in any and all dealings with the early intervention system
- The right to utilize administrative and judicial processes to resolve complaints

A simple listing of rights and procedural safeguards does not adequately convey the meaning of these protections. Each right and safeguard has implications for a family's experience with the early intervention system. Further, because Part C is family-oriented legislation, the rights and safeguards convey the law's central principles of respect for families' privacy, diversity, and role as informed members of the early intervention team.

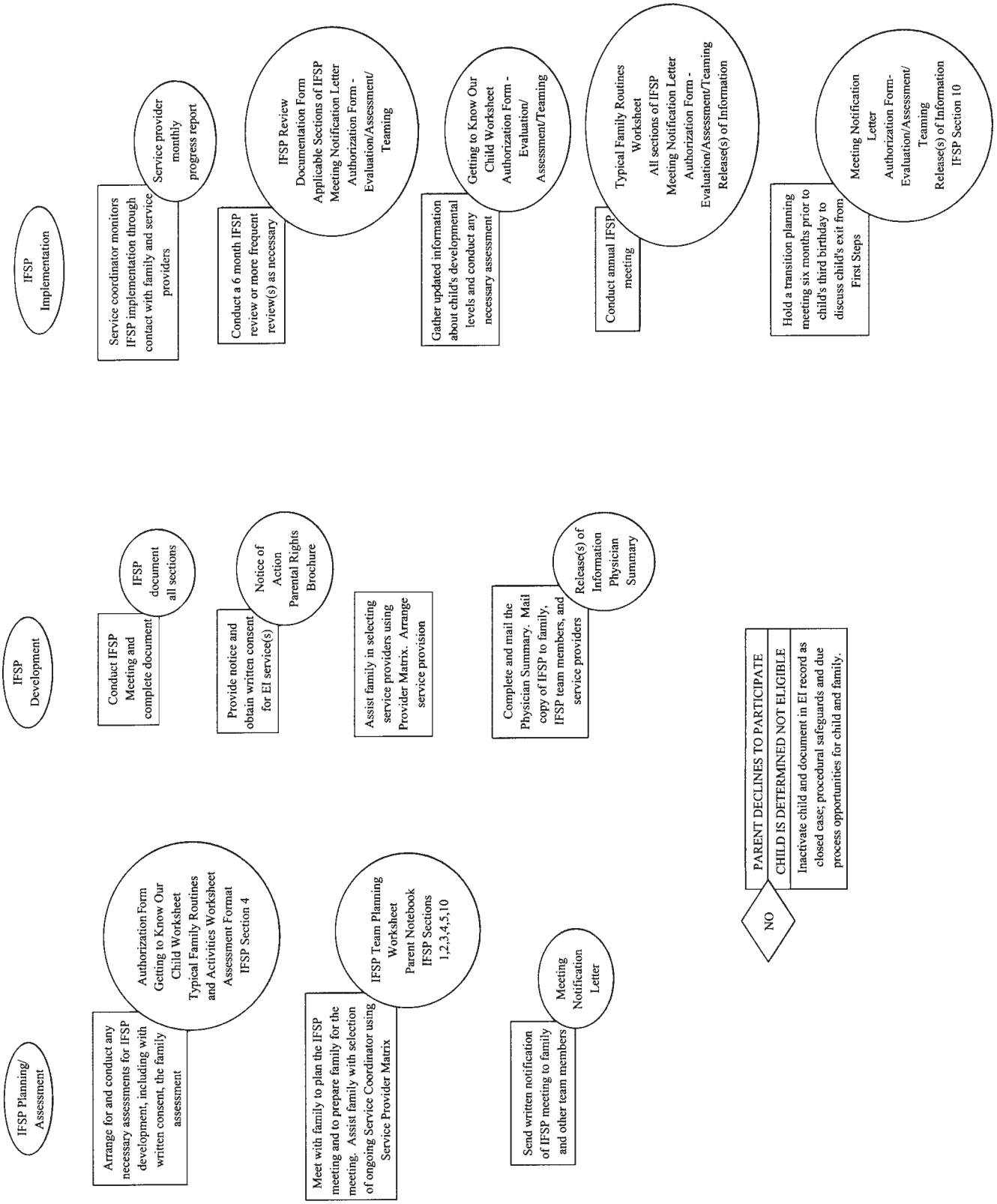
Reference

Children with disabilities and infants and toddlers with disabilities early intervention programs, 64 Fed. Reg. 12,593 (March 12, 1999). Retrieved October 8, 2003, from http://www.access.gpo.gov/su_docs/fedreg/a990312c.html

The First Steps Process



The First Steps Process (continued)



Referral

Identification and Evaluation Federal Regulations

Sec. 303.320 Public awareness program.

Each system must include a public awareness program that focuses on the early identification of children who are eligible to receive early intervention services under this part and includes the preparation and dissemination by the lead agency to all primary referral sources, especially hospitals and physicians, of materials for parents on the availability of early intervention services. The public awareness program must provide for informing the public about—

(a) The State's early intervention program;

(b) The child find system, including—
  (1) The purpose and scope of the system;
  (2) How to make referrals; and
  (3) How to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services; and

(c) The central directory.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(6))

Note 1: An effective public awareness program is one that does the following:

1. Provides a continuous, ongoing effort that is in effect throughout the State, including rural areas;
2. Provides for the involvement of, and communication with, major organizations throughout the State that have a direct interest in this part, including public agencies at the State and local level, private providers, professional associations, parent groups, advocate associations, and other organizations;
3. Has coverage broad enough to reach the general public, including those who have disabilities; and
4. Includes a variety of methods for informing the public about the provisions of this part.

Note 2: Examples of methods for informing the general public about the provisions of this part include:

  (1) Use of television, radio, and newspaper releases,
  (2) pamphlets and posters displayed in doctors' offices, hospitals, and other appropriate locations, and
  (3) the use of a toll-free telephone service.

[58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998]

Sec. 303.321 Comprehensive child find system.

(a) General.

(1) Each system must include a comprehensive child find system that is consistent with part B of the Act (see 34 CFR 300.128), and meets the requirements of paragraphs (b) through (e) of this section.

(2) The lead agency, with the advice and assistance of the Council, shall be responsible for implementing the child find system.

(b) Procedures. The child find system must include the policies and procedures that the State will follow to ensure that—

(1) All infants and toddlers in the State who are eligible for services under this part are identified, located, and evaluated; and

(2) An effective method is developed and implemented to determine which children are receiving needed early intervention services.

(c) Coordination.

(1) The lead agency, with the assistance of the Council, shall ensure that the child find system under this part is coordinated with all other major efforts to locate and identify children conducted by other State agencies responsible for administering the various education, health, and social service programs relevant to this part, tribes and tribal organizations that receive payments under this part, and other tribes and tribal organizations as appropriate, including efforts in the—

(i) Program authorized under part B of the Act;

(ii) Maternal and Child Health program under title V of the Social Security Act;

(iii) Early Periodic Screening, Diagnosis and Treatment (EPSDT) program under title XIX of the Social Security Act;

(iv) Developmental Disabilities Assistance and Bill of Rights Act;

(v) Head Start Act; and

(vi) Supplemental Security Income program under title XVI of the Social Security Act.

(2) The lead agency, with the advice and assistance of the Council, shall take steps to ensure that—

(i) There will not be unnecessary duplication of effort by the various agencies involved in the State's child find system under this part; and

(ii) The State will make use of the resources available through each public agency in the State to implement the child find system in an effective manner.

(d) Referral procedures.

(1) The child find system must include procedures for use by primary referral sources for referring a child to the appropriate public agency within the system for—

(i) Evaluation and assessment, in accordance with Secs. 303.322 and 303.323; or

(ii) As appropriate, the provision of services, in accordance with Sec. 303.342(a) or Sec. 303.345.

(2) The procedures required in paragraph (b)(1) of this section must—

(i) Provide for an effective method of making referrals by primary referral sources;

(ii) Ensure that referrals are made no more than two working days after a child has been identified; and

(iii) Include procedures for determining the extent to which primary referral sources, especially hospitals and physicians, disseminate the information, as described in Sec. 303.320, prepared by the lead agency on the availability of early intervention services to parents of infants and toddlers with disabilities.

(3) As used in paragraph (d)(1) of this section, primary referral sources includes—

(i) Hospitals, including prenatal and postnatal care facilities;
(ii) Physicians;
(iii) Parents;
(iv) Day care programs;
(v) Local educational agencies;
(vi) Public health facilities;
(vii) Other social service agencies; and
(viii) Other health care providers.

(e) Timelines for public agencies to act on referrals.

(1) Once the public agency receives a referral, it shall appoint a service coordinator as soon as possible.

(2) Within 45 days after it receives a referral, the public agency shall—

(i) Complete the evaluation and assessment activities in Sec. 303.322; and

(ii) Hold an IFSP meeting, in accordance with Sec. 303.342.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1432(4)(E)(vii), 1435(a)(5))

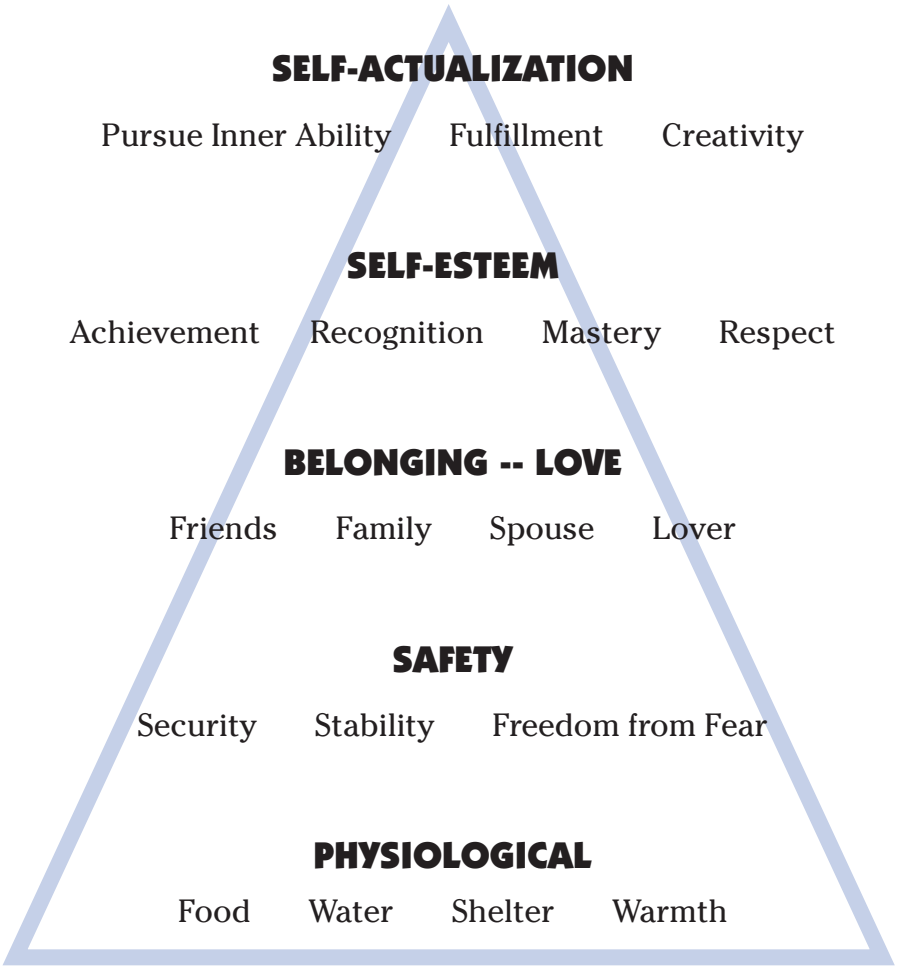
Note: In developing the child find system under this part, States should consider

(1) tracking systems based on high-risk conditions at birth, and

(2) other activities that are being conducted by various agencies or organizations in the State.

[58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998]

Maslow's Hierarchy of Needs



Reference

Maslow, A. (1954). *Motivation and personality*. New York: Harper.

Evaluation for Eligibility

Eligibility for First Steps
State Regulations for Mulitdisciplinary Evaluation

The following is taken from Section V of the Missouri State Regulations for Part C:

Evaluation and Assessment and Nondiscrimination Procedures

Child Assessment

After informed, written parental consent is obtained, the multidisciplinary evaluation or assessment may begin.

The multidisciplinary evaluation and assessment for each child must:

1. Be conducted by personnel trained and qualified to utilize appropriate methods and procedures
2. Be based on informed clinical opinion

The multidisciplinary evaluation of each child for eligibility determination purposes must include the following:

1. A review of current health records and medical history
2. An evaluation of the child's level of functioning in each of the following areas
   a. cognitive development
   b. physical development, including vision and hearing
   c. communication development
   d. social/emotional development
   e. adaptive development
3. An assessment of the unique needs of the child in terms of each developmental area
4. The identification of services appropriate to meet those needs (34 CFR 303.322)

Multidisciplinary means the involvement of two or more different disciplines or professions.

Family Assessment

If the family agrees, information regarding the family's concerns, priorities, and resources must be gathered through a family assessment.

Family assessments must be family-directed and designed to determine the concerns, priorities, and resources of the family and identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child. Any assessment that is

conducted must be voluntary on the part of the family and their consent documented in the child's early intervention record; and, if an assessment of the family is carried out, the assessment must:

1. Be conducted by the Intake Service Coordinators who are trained and qualified to utilize appropriate methods and procedures;
2. Be based on information provided by the family through a personal interview; and
3. Incorporate the family's description of its concerns, priorities, and resources related to enhancing the child's development (34 CFR 303.322(a)).

Timelines

The evaluation for eligibility and the initial assessment of each child (including the family assessment) determined to be eligible for Part C services (and initial IFSP meeting) must be completed within 45 calendar days of referral. In the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days (i.e., if a child is ill or there is some other family-initiated situation that cause a delay, etc.), public agencies will document those circumstances and develop and implement an interim IFSP, to the extent appropriate and consistent with Section 303.345.

Federal Regulations

Sec. 303.322 Evaluation and assessment.

(a) General.

(1) Each system must include the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation, and a family-directed identification of the needs of each child's family to appropriately assist in the development of the child.

(2) The lead agency shall be responsible for ensuring that the requirements of this section are implemented by all affected public agencies and service providers in the State.

(b) Definitions of evaluation and assessment. As used in this part—

(1) Evaluation means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of "infants and toddlers with disabilities" in Sec. 303.16, including determining the status of the child in each of the developmental areas in paragraph (c)(3)(ii) of this section.

(2) Assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under this part to identify—

(i) The child's unique strengths and needs and the services appropriate to meet those needs; and

(ii) The resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.

(c) Evaluation and assessment of the child. The evaluation and assessment of each child must—

(1) Be conducted by personnel trained to utilize appropriate methods and procedures;

(2) Be based on informed clinical opinion; and

(3) Include the following:

(i) A review of pertinent records related to the child's current health status and medical history.

(ii) An evaluation of the child's level of functioning in each of the following developmental areas:

(A) Cognitive development.

(B) Physical development, including vision and hearing.

(C) Communication development.

(D) Social or emotional development.

(E) Adaptive development.

(iii) An assessment of the unique needs of the child in terms of each of the developmental areas in paragraph (c)(3)(ii) of this section, including the identification of services appropriate to meet those needs.

(d) Family assessment.

(1) Family assessments under this part must be family-directed and designed to determine the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.

(2) Any assessment that is conducted must be voluntary on the part of the family.

(3) If an assessment of the family is carried out, the assessment must—

(i) Be conducted by personnel trained to utilize appropriate methods and procedures;

(ii) Be based on information provided by the family through a personal interview; and

(iii) Incorporate the family's description of its resources, priorities, and concerns related to enhancing the child's development.

(e) Timelines.

(1) Except as provided in paragraph (e)(2) of this section, the evaluation and initial assessment of each child(including the family assessment) must be completed within the 45-day time period required in Sec. 303.322(e).

(2) The lead agency shall develop procedures to ensure that in the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days (i.e., if a child is ill), public agencies will—

(i) Document those circumstances; and

(ii) Develop and implement an interim IFSP, to the extent appropriate and consistent with Sec. 303.345(b)(1) and (b)(2).

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1435(a)(3); 1436(a)(1), (a)(2), (d)(1), and (d)(2))

[58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998]

IFSP Planning and Assessment

Federal Regulations

Sec. 303.343 Participants in IFSP meetings and periodic reviews.

(a) Initial and annual IFSP meetings.

(1) Each initial meeting and each annual meeting to evaluate the IFSP must include the following participants:

(i) The parent or parents of the child.

(ii) Other family members, as requested by the parent, if feasible to do so;

(iii) An advocate or person outside of the family, if the parent requests that the person participate.

(iv) The service coordinator who has been working with the family since the initial referral of the child for evaluation, or who has been designated by the public agency to be responsible for implementation of the IFSP.

(v) A person or persons directly involved in conducting the evaluations and assessments in Sec. 303.322.

(vi) As appropriate, persons who will be providing services to the child or family.

(2) If a person listed in paragraph (a)(1)(v) of this section is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including—

(i) Participating in a telephone conference call;

(ii) Having a knowledgeable authorized representative attend the meeting; or

(iii) Making pertinent records available at the meeting.

(b) Periodic review. Each periodic review must provide for the participation of persons in paragraphs (a)(1)(i) through (a)(1)(iv) of this section. If conditions warrant, provisions must be made for the participation of other representatives identified in paragraph (a) of this section.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1436(b))

Sec. 303.342 Procedures for IFSP development, review, and evaluation.

(a) Meeting to develop initial IFSP—timelines. For a child who has been evaluated for the first time and determined to be eligible, a meeting to develop the initial IFSP must be conducted within the 45-day time period in Sec. 303.321(e).

(b) Periodic review.

(1) A review of the IFSP for a child and the child's family must be conducted every six months, or more frequently if conditions warrant, or if the family requests such a review. The purpose of the periodic review is to determine—

(i) The degree to which progress toward achieving the outcomes is being made; and

(ii) Whether modification or revision of the outcomes or services is necessary.

(2) The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.

(c) Annual meeting to evaluate the IFSP. A meeting must be conducted on at least an annual basis to evaluate the IFSP for a child and the child's family, and, as appropriate, to revise its provisions. The results of any current evaluations conducted under Sec. 303.322(c), and other information available from the ongoing assessment of the child and family, must be used in determining what services are needed and will be provided.

(d) Accessibility and convenience of meetings.

(1) IFSP meetings must be conducted—

(i) In settings and at times that are convenient to families; and

(ii) In the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.

(2) Meeting arrangements must be made with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.

(e) Parental consent. The contents of the IFSP must be fully explained to the parents and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent with respect to a particular early intervention service or withdraw consent after first providing it, that service may not be provided. The early intervention services to which parental consent is obtained must be provided.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1436)

Note: The requirement for the annual evaluation incorporates the periodic review process. Therefore, it is necessary to have only one separate periodic review each year (i.e., six months after the initial and subsequent annual IFSP meetings), unless conditions warrant otherwise.

Because the needs of infants and toddlers change so rapidly during the course of a year, certain evaluation procedures may need to be repeated before conducting the periodic reviews and annual evaluation meetings in paragraphs (b) and (c) of this section.

Guidelines for IFSP Meetings

- Honor family preferences
- Give families the opportunity to lead the meeting
- Use family-friendly language
- Use a family-centered, collaborative, and coordinated process
- Remember the IFSP is an ongoing process

IFSP Development

Federal Regulations

Sec. 303.344 Content of an IFSP.

(a) Information about the child's status.

(1) The IFSP must include a statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development.

(2) The statement in paragraph (a)(1) of this section must be based on professionally acceptable objective criteria.

(b) Family information. With the concurrence of the family, the IFSP must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child.

(c) Outcomes. The IFSP must include a statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and timeliness used to determine—

(1) The degree to which progress toward achieving the outcomes is being made; and

(2) Whether modifications or revisions of the outcomes or services are necessary.

(d) Early intervention services.

(1) The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified in paragraph (c) of this section, including—

(i) The frequency, intensity, and method of delivering the services;

(ii) The natural environments, as described in Sec. 303.12(b), and Sec. 303.18 in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment;

(iii) The location of the services; and

(iv) The payment arrangements, if any.

(2) As used in paragraph (d)(1)(i) of this section—

(i) Frequency and intensity mean the number of days or sessions that a service will be provided, the length of time the service is provided during each session,

and whether the service is provided on an individual or group basis; and

(ii) Method means how a service is provided.

(3) As used in paragraph (d)(1)(iii) of this section, location means the actual place or places where a service will be provided.

(e) Other services.

(1) To the extent appropriate, the IFSP must include—

(i) Medical and other services that the child needs, but that are not required under this part; and

(ii) The funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources.

(2) The requirement in paragraph (e)(1) of this section does not apply to routine medical services (e.g., immunizations and "well-baby" care), unless a child needs those services and the services are not otherwise available or being provided.

(f) Dates; duration of services. The IFSP must include—

(1) The projected dates for initiation of the services in paragraph (d)(1) of this section as soon as possible after the IFSP meetings described in Sec. 303.342; and

(2) The anticipated duration of those services.

(g) Service coordinator.

(1) The IFSP must include the name of the service coordinator from the profession most immediately relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under this part), who will be responsible for the implementation of the IFSP and coordination with other agencies and persons.

(2) In meeting the requirements in paragraph (g)(1) of this section, the public agency may—

(i) Assign the same service coordinator who was appointed at the time that the child was initially referred for evaluation to be responsible for implementing a child's and family's IFSP; or

(ii) Appoint a new service coordinator.

(3) As used in paragraph (g)(1) of this section, the term profession includes "service coordination."

(h) Transition from Part C services.

(1) The IFSP must include the steps to be taken to support the transition of the child, in accordance with Sec. 303.148, to—

(i) Preschool services under Part B of the Act, to the extent that those services are appropriate; or

(ii) Other services that may be available, if appropriate.

(2) The steps required in paragraph (h)(1) of this section include—

(i) Discussions with, and training of, parents regarding future placements and other matters related to the child's transition;

(ii) Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting; and

(iii) With parental consent, the transmission of information about the child to the local educational agency, to ensure continuity of services, including evaluation and assessment information required in Sec. 303.322, and copies of IFSPs that have been developed and implemented in accordance with Secs. 303.340 through 303.346.

(Approved by the Office of Management and Budget under control number 1820-0550)

(Authority: 20 U.S.C. 1436(d))

Note 1: With respect to the requirements in paragraph (d) of this section, the appropriate location of services for some infants and toddlers might be a hospital setting—during the period in which they require extensive medical intervention. However, for these and other eligible children, early intervention services must be provided in natural environments (e.g., the home, child care centers, or other community settings) to the maximum extent appropriate to the needs of the child.

Note 2: Throughout the process of developing and implementing IFSPs for an eligible child and the child's family, it is important for agencies to recognize the variety of roles that family members play in enhancing the child's development. It also is important that the degree to which the needs of the family are addressed in the IFSP process is determined in a collaborative manner with the full agreement and participation of the parents of the child. Parents retain the ultimate decision in determining whether they, their child, or other family members will accept or decline services under this part.

Note 3: The early intervention services in paragraph (d) of this section are those services that a State is required to provide to a child in accordance with Sec. 303.12.

The "other services" in paragraph (e) of this section are services that a child or family needs, but that are neither required nor covered under this part. While listing the non-required services in the IFSP does not mean that those services must be provided, their identification can be helpful to both the child's family and the service coordinator, for the following reasons: First, the IFSP would provide a comprehensive picture of the child's total service needs (including the need for medical and health services, as well as early intervention services). Second, it is appropriate for the service coordinator to assist the family in securing the non-required services (e.g., by

(1) determining if there is a public agency that could provide financial assistance, if needed,

(2) assisting in the preparation of eligibility claims or insurance claims, if needed, and

(3) assisting the family in seeking out and arranging for the child to receive the needed medical-health services).

Thus, to the extent appropriate, it is important for a State's procedures under this part to provide for ensuring that other needs of the child, and of the family related to enhancing the development of the child, such as medical and health needs, are considered and addressed, including determining

(1) who will provide each service, and when, where, and how it will be provided, and

(2) how the service will be paid for (e.g., through private insurance, an existing Federal-State funding source, such as Medicaid or EPSDT, or some other funding arrangement).

Note 4: Although the IFSP must include information about each of the items in paragraphs (b) through (h) of this section, this does not mean that the IFSP must be a detailed, lengthy document. It might be a brief outline, with appropriate attachments that address each of the points in the paragraphs under this section. It is important for the IFSP itself to be clear about

(a) what services are to be provided,

(b) the actions that are to be taken by the service coordinator in initiating those services, and

(c) what actions will be taken by the parents.

[58 FR 40959, July 30, 1993, as amended at 63 FR 18295, Apr. 14, 1998; 64 FR12536, Mar. 12, 1999]

Content of the IFSP

1. A statement of the child's present levels of development
2. A statement of the family's concerns, priorities, and resources
3. A statement of major outcomes
4. A statement of specific early intervention services
5. A statement of the natural environments in which services will be provided
6. The location of services
7. The payment arrangements
8. Other services needed
9. The projected dates of initiation of services
10. The anticipated duration of services
11. The name of the service coordinator
12. A statement of the steps to be taken to support the transition of the child at age three

Principles for Identifying Family Concerns, Priorities, and Resources

1. Families determine their needs and concerns.
2. Early intervention incorporates typical family supports into the IFSP outcomes and service recommendations.
3. Families have the opportunity to identify their resources, priorities, and concerns throughout the IFSP process.
4. Family confidences are respected.
5. Identification of family resources, priorities, and concerns lead to the development of IFSP outcomes, strategies, and activities.

IFSP Implementation

Federal Regulations

Sec. 303.342 Procedures for IFSP development, review, and evaluation.

(a) Meeting to develop initial IFSP—timelines. For a child who has been evaluated for the first time and determined to be eligible, a meeting to develop the initial IFSP must be conducted within the 45-day time period in Sec. 303.321(e).

(b) Periodic review.

(1) A review of the IFSP for a child and the child's family must be conducted every six months, or more frequently if conditions warrant, or if the family requests such a review. The purpose of the periodic review is to determine—

(i) The degree to which progress toward achieving the outcomes is being made; and

(ii) Whether modification or revision of the outcomes or services is necessary.

(2) The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.

Annual IFSP Review

1. A meeting must be conducted on at least an annual basis to evaluate the IFSP.

2. The annual meeting to evaluate the IFSP includes the requirement to use current assessment data and other information to determine what early intervention services are needed and will be provided.

3. A new IFSP must be developed at this point in time.

Federal Regulations

Sec. 303.23 Service coordination (case management).

(a) General.

(1) As used in this part, except in Sec. 303.12(d)(11), service coordination means the activities carried out by a service coordinator to assist and enable a child eligible under this part and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State's early intervention program.

(2) Each child eligible under this part and the child's family must be provided with one service coordinator who is responsible for—

(i) Coordinating all services across agency lines; and

(ii) Serving as the single point of contact in helping parents to obtain the services and assistance they need.

(3) Service coordination is an active, ongoing process that involves—

(i) Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;

(ii) Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;

(iii) Facilitating the timely delivery of available services; and

(iv) Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

(b) Specific service coordination activities. Service coordination activities include—

(1) Coordinating the performance of evaluations and assessments;

(2) Facilitating and participating in the development, review, and evaluation of individualized family service plans;

(3) Assisting families in identifying available service providers;

(4) Coordinating and monitoring the delivery of available services;

(5) Informing families of the availability of advocacy services;

(6) Coordinating with medical and health providers; and

(7) Facilitating the development of a transition plan to preschool services, if appropriate.

Service Coordinator's Role

Coordinates:

- Evaluations and assessments
- Delivery of services
- Monitoring of services

Facilitates:

- The development, review, and evaluation of IFSPs
- The development of a transition plan to preschool or other services

Assists:

- Families in identifying available service providers

Informs:

- Families of the availability of advocacy services or other community services